



**Town of Arlington  
Water & Sewer Division  
Application for Adjustment, Abatement or Water/Sewer Usage Information**

*Customers must complete this form for all applications and inquiries regarding water/sewer usage on bills. Customers are required to have paid all uncontested prior bills (including penalties and interest, if applicable). The request for an abatement or adjustment must be received in the Water Department Office within 30 days of the date of the bill in dispute. Customers should pay the contested bill on or before the due date to avoid interest charges.*

Check applicable issue: ☐ Questionable Bill/Questionable Usage ☐ 0 (zero usage) ☐ e (estimated bill)

Current read from Meter (include picture of meter head if possible) \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Email Address \_\_\_\_\_

Account #: \_\_\_\_\_

Mailing Address if different from Service Address:  
\_\_\_\_\_

I request a review of my bill for the Billing Period \_\_\_\_\_ (Issue Date of Bill) in the Amount of \_\_\_\_\_ (dollar amount of Bill) due to reason stated below.

Please check the type of review requested:

☐ Zero usage (no meter read)

☐ Adjustment for error or miscalculation in bill (including estimated bill).

☐ Abatement for Water/Sewer charges for a major water leak that resulted in a large volume of water used: Customer must submit a proof of repair, a written description as to the cause of the leak, a copy of the repair bill with proof of payment.

Details/Reasons for questioning bill usage. (Attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach any other supporting documentation.

Email completed form to: [DPWwaterbillquestions@town.arlington.ma.us](mailto:DPWwaterbillquestions@town.arlington.ma.us)

Or mail to: DPW Water Bill, 51 Grove St., Arlington MA 02476

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FOR OFFICE USE ONLY: ☐ Billing Note ☐ Adjustment/Abatement Processed ☐ Appointment